

## Michigan Merit Award / Michigan Promise Scholarship Refund Form

Issued under authority of Public Act 94 of 1999 and Public Act 479 of 2006.

Please complete the following information for the student(s) for whom a full or partial refund of the Michigan Merit Award / Michigan Promise Scholarship is being returned. Make check payable to the "State of Michigan." If the original check from the State of Michigan was not cashed, it should be returned.

<b>Name of Institution</b>			<b>Federal School Code</b>
<b>Address of Institution</b>	<b>City</b>	<b>State</b>	<b>ZIP Code</b>
<b>Name of Contact Person</b>	<b>Title</b>	<b>Telephone Number</b>	

<b>Student 1</b>	Student Name (Last Name, First Name, Middle Initial)	Social Security Number	Date of Birth
	Date of Withdrawal (if applicable)	Amount of Refund	
Comments			

<b>Student 2</b>	Student Name (Last Name, First Name, Middle Initial)	Social Security Number	Date of Birth
	Date of Withdrawal (if applicable)	Amount of Refund	
Comments			

<b>Student 3</b>	Student Name (Last Name, First Name, Middle Initial)	Social Security Number	Date of Birth
	Date of Withdrawal (if applicable)	Amount of Refund	
Comments			

<b>Student 4</b>	Student Name (Last Name, First Name, Middle Initial)	Social Security Number	Date of Birth
	Date of Withdrawal (if applicable)	Amount of Refund	
Comments			

<b>Student 5</b>	Student Name (Last Name, First Name, Middle Initial)	Social Security Number	Date of Birth
	Date of Withdrawal (if applicable)	Amount of Refund	
Comments			

<b>Student 6</b>	Student Name (Last Name, First Name, Middle Initial)	Social Security Number	Date of Birth
	Date of Withdrawal (if applicable)	Amount of Refund	
Comments			

<b>Student 7</b>	Student Name (Last Name, First Name, Middle Initial)	Social Security Number	Date of Birth
	Date of Withdrawal (if applicable)	Amount of Refund	
Comments			

<b>Student 8</b>	Student Name (Last Name, First Name, Middle Initial)	Social Security Number	Date of Birth
	Date of Withdrawal (if applicable)	Amount of Refund	
Comments			

<b>Student 9</b>	Student Name (Last Name, First Name, Middle Initial)	Social Security Number	Date of Birth
	Date of Withdrawal (if applicable)	Amount of Refund	
Comments			

If more space is needed, attach additional pages.